

HOSPITALS: REQUIRE TO DEVELOP ACUITY SYSTEM AND STAFFING PLAN

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House Bill 4101

Sponsor: Rep. Lisa Wojno

Committee: Health Policy

Complete to 4-11-05

A SUMMARY OF HOUSE BILL 4101 AS INTRODUCED 1-31-05

The bill would amend the Public Health Code (MCL 333.21513 and 333.21525) to require the owner, operator, and governing body of a licensed hospital to ensure the development and maintenance of a staffing plan as specified in the bill. "Staffing plan" would mean a written plan that established the minimum specific number of registered professional nurses and licensed practical nurses required for each hospital unit based on the nursing care needs of that unit to ensure sufficient nursing staff to provide adequate protection and care for all of the hospital's patients.

Under the bill, a hospital could be denied licensure if it failed to develop an acuity system approved by the Department of Community Health or to submit an annual staffing plan. The department would have to promulgate rules prescribing the approval process for an acuity system and staffing plan as well as any other rules reasonably necessary to carry out its functions and duties under the bill.

Acuity system. The bill would define "acuity system" as meaning a system established to measure and predict the hospital's nursing care needs for its patients in each unit based on the severity of the illnesses; need for specialized equipment and technology; intensity of nursing interventions required; and complexity of the clinical judgment needed to design, implement, and evaluate a patient care plan. An acuity system would need to include a means to address fluctuations in patient levels and nursing care needs due to other unit activity including, but not limited to, discharges, transfers, and admissions.

Staffing plan. A staffing plan would have to be based on reasonable projections derived from the patient census and nursing care needs within each hospital unit for the previous year and must take into consideration any foreseeable changes within the hospital unit for the next year. At a minimum, the staffing plan would have to include the following nurse-to-patient ratios:

- 1 nurse for each patient in an operating room or trauma emergency unit.
- 1 nurse for every 2 patients in each critical care unit including, but not limited to, a labor and delivery unit or a postanesthesia unit.
- 1 nurse for every 3 patients in an antepartum, emergency room, pediatrics, step-down, or telemetry unit.

- 1 nurse for every 4 patients in an intermediate care nursery or a medical, surgical, or acute care psychiatric unit.
- 1 nurse for every 5 patients in a rehabilitation unit.
- 1 nurse for every 6 patients in a postpartum or well-baby nursery.

The department could establish minimum nurse-to-patient ratios for any other hospital unit not specified in the bill.

Miscellaneous provisions. A notice developed and provided by the department would have to be posted in a hospital in a conspicuous place accessible to the public outlining the mandatory minimum nurse-to-patient ratios required by the bill; it would have to include information about the confidential reporting system the department would establish. If requested, a hospital would have to provide to the public copies of the staffing plan it filed with the department.

Each hospital unit would have to maintain a daily log reflecting the number of patients admitted, released, and present in the unit; the acuity level of the patients in the unit; the number of RPNs and LPNs on duty in the unit; and the average nurse-to-patient ratio for that day. These records would have to be retained for a period of seven years and made available to the department and the public upon request – provided that the information released complied with applicable state and federal privacy laws and regulations.

Furthermore, the department would have to develop and implement a confidential system available to the public for reporting a hospital's failure to comply with its staffing plan or any other of the bill's requirements. Information about this confidential system would have to be included on the notice discussed above that each hospital must post in a conspicuous place. The department would have to investigate each complaint received; the person who submitted the complaint would have to be notified in writing of the results of a review or investigation of the complaint and any action the department proposed to take.

Penalties. If it was determined that a hospital failed to maintain its staff in accordance with the staffing plan and staffing standards established in the bill, the department could assess the hospital an administrative fine of not more than \$1,000 for each violation or for each day that the violation continued. Failure to submit an annual staffing plan would result in an administrative fine of up to \$10,000 for each violation, and, if the staffing plan remained unfilled, for each day of continued noncompliance.

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